

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
DNC Services Corp./Dem. Nat'l Committee

A. Full Name (Last, First, Middle Initial)
Ms. HANNELORE CROSSGROVE

Mailing Address 56 Boylston Ave.

City State Zip Code
Providence RI 02906

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D18781

Date of Disbursement

/ /

Amount of Each Disbursement this Period

30.00

B. Full Name (Last, First, Middle Initial)
Ms. Juanita M Dandridge

Mailing Address 709 Orange St

City State Zip Code
Donaldsonville LA 70346-3023

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D15355

Date of Disbursement

/ /

Amount of Each Disbursement this Period

185.00

C. Full Name (Last, First, Middle Initial)
MCAROLYN DANIELS

Mailing Address 230 North 22nd Street 8B
Apt 8B

City State Zip Code
Philadelphia PA 19103

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D17651

Date of Disbursement

/ /

Amount of Each Disbursement this Period

30.00

SUBTOTAL of Disbursements This Page (optional)

245.00

TOTAL This Period (last page this line number only)